

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 322-2214



February 10, 1988

ALL-COUNTY LETTER NO. 88-23

TO: All County Welfare Directors  
All County Auditors  
All County Fiscal Officers  
All County Administrative Services Offices

SUBJECT: REDUCTION OF TIME-ELIGIBILITY FOR FEDERAL REIMBURSEMENT FOR  
REFUGEE RESETTLEMENT PROGRAM COSTS

REFERENCE: ACIN I-02-88, ACL 86-27, and ACL 86-113

The State has been notified by the Federal Office of Refugee Resettlement (ORR) that a reduction will be imposed under the Continuing Resolution (which Congress passed on December 22, 1987 and was approved by the President as Public Law 100-202) on the funds available for ORR's grants to States for cash assistance, medical assistance, and related administrative costs (CMA grants). Therefore, ORR will reimburse States participating in these programs for the first 24 months that a refugee/entrant is in the United States, instead of the first 31 months. The reduction to 24 months affects funding for Aid to Families with Dependent Children (AFDC), Refugee Demonstration Project (RDP), California Medical Assistance (Medi-Cal), Supplemental Security Income/State Supplementary Program (SSI/SSP), Foster Care, and General Assistance (GA) Programs effective February 1, 1988 (ACIN I-02-88).

The purpose of this letter is to provide the County Welfare Departments (CWDs) with instructions and information necessary to implement the 24-month reduction.

I. Program Instructions

Counties were instructed in All-County Information Notice I-02-88 to identify all refugee cases which will meet or have met the 24-month cutoff as of February 1, 1988. Terminated refugee cases shall be transferred to Federal AFDC-FG/U via interprogram transfer if otherwise eligible. A new application is not required, but a Notice of Action (NOA) must be sent.

- A. Notice of Action. The enclosed NOAs reflect the revised language the counties must use for the reduction from 31 to 24 months time-eligibility.
- B. Eligibility. Refugee cases terminated from the RDP must be reevaluated for AFDC eligibility. If the Principle Earner (PE) is working 100 hours or more a month under RDP-U, he/she would not meet AFDC-U Federal eligibility criteria. RDP recipients converting back to AFDC must also

be evaluated for eligibility for the \$30 and one-third or the \$30 earned income disregard (MPP 69-204.331) and connection with the labor force (MPP 69-204.332). The Assistance Unit (AU) will also be required to comply with AFDC employment and work registration requirements.

- C. Overpayments. Overpayments incurred while the case was in RDP may not be recouped by grant adjustment of the AFDC grant.
- D. New Applicants. All new refugee applicant cases must have at least six months of time eligibility remaining as of the date of application to be eligible for RDP (i.e., the PE/Caretaker Relative (CR) must have been in the United States 18 months or less).
- E. Food Stamps. Under RDP, the assistance unit was considered to be a Nonassistance Food Stamp case. When the case is transferred back to AFDC, the food stamp portion of the case must be transferred to Public Assistance Food Stamps.
- F. Mixed Cases. Those cases in which the PE/CR has time-expired shall be evaluated for AFDC eligibility. If the AU is found to be AFDC eligible, the case would be aided under aid codes 30 for FG cases and 35 for U cases. Any time-eligible persons in the AFDC AU would still be eligible for Refugee Resettlement Program funding and must be claimed as such.
- G. Sanctions. An RDP sanction does not follow the AU back to AFDC. Therefore, the AU may reapply for assistance (and be granted aid if otherwise eligible) during the three- or six-month sanction period if the PE/CR has time-expired before the end of the sanction period.

## II. Fiscal Claiming Instructions

An All-County Letter is concurrently being developed which will provide revised claiming instructions.

## III. Statistical Reporting Instructions

An All-County Letter is being developed which will provide instructions for statistical reports impacted by the February 1, 1988 implementation of the 24-month reduction of time eligibility for Federal reimbursement for refugee resettlement programs.

As of February 1, 1988 counties should not continue to footnote on their reports those refugee AFDC and RDP cases and persons that would have remained time eligible for 31 months.

Any questions concerning refugee program requirements should be directed to Mr. Walter Barnes, Chief, Office of Refugee Services, at (916) 324-1576. Questions regarding fiscal claiming should be directed to Ms. Janet Sandlin (Administration) or Ms. Stephanie Davis (Assistance) at (916) 445-7046. Any questions concerning statistical reporting should be referred to Ms. Carole Sharkey, at (916) 323-5087.



ROBERT A. HOREL  
Deputy Director  
Welfare Program Division

Enclosure

cc: CWDA

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_  
Worker Name \_\_\_\_\_  
Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Because you've lived in the United States for more than twenty-four months, the Refugee Demonstration Project must stop your cash aid. You will continue to get your cash-based Medi-Cal.

The county will now send you AFDC.

## Monthly Cash Aid Amount

Your Countable Income in _____	
(MONTH)	
Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Cash Aid in _____	
(MONTH)	
Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

☐ But please note: \_\_\_\_\_  
can't get AFDC because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rules:** These rules apply; you may review them at your welfare office. Public Law 100-202, Title 45 Code of Federal Regulations 400.5(i) and 400.202, DSS Manual of Policies and Procedures Sections 69-204.33 and 69-213

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:

1-800-952-5253  
1-800-952-8349

If you are deaf and use TDD call:

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child Support:** The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

### HEARING REQUEST

I want a hearing because of an action by the Welfare

Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

I will bring this person to the hearing to help me  
(name and address, if known):

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

Date: \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_

Case \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_

Worker \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Because you've lived in the United States for more than twenty-four months, the Refugee Demonstration Project must stop your cash aid.

You and your family may still get cash aid under other programs. Phone your worker at \_\_\_\_\_.

Neither you or your family can get AFDC because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☒ You will get another notice about your Medi-Cal.

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My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

Date: \_\_\_\_\_